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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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COVER LETTER

Division of Coa	porations		
B2BTRAV SUBJECT:	EL LLC		
SCOULCT.	Name of Limite	ed Liability Company	
The enclosed Articles of	Amendment and fee(s) are subm	itted for filing.	
Please return all correspo	ondence concerning this matter to	the following:	
	DANIEL VERON		
		Name of Person	
	B2BTRAVEL LLC		
		Firm/Company	
	959 BRICKELL BAY DRIV	VE STE 1811	
		Address	
	MIAMI, FL. 33131		
		City/State and Zip Code	
	DEV24(a;HOTMAHCOM	be used for future annual report of	ostification
For further information c	oncerning this matter, please call	·	
DANIEL VERON		305 975-9777 at ()	
Name o	f Person	Area Code Day	time Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 APR 26 AM II: 34

ALLAHASSEE FLORE

B2BTRAVEL LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited L	iability Company	were filed on APRIL 8, 2	021 and assigned	
Florida document number 1.21000164531	·			
This amendment is submitted to amend the following	lowing:			
A. If amending name, enter the new name of	of the limited liab	oility company here:		
B2BMARKETING360 LLC				
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation	"LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applied	cable:	950 BRICKELL BAY D	RIVE SUITE 1811	
(Principal office address MUST BE A STREET ADDRESS)		MIANIL FL. 33134		
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE	BOX)			
B. If amending the registered agent and/or agent and/or the new registered office addre		address on our records, g	enter the name of the new registere	
Name of New Registered Agent:	DANIEL VER	ON		
New Registered Office Address:	office Address: 950 BRICKELL BAY DRIVE SUITE 1811			
•	Enter Florida street address			
	MIAMI		_, Florida <u>33131</u>	
		City	Zip Code	
New Registered Agent's Signature, if changing	Registered Agent:	<u>:</u>		

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	ADRIANA SCHAVRTZ	950 BRICKELL BAY DRIVE SUITE 1811,	= Add
		MIAMI, FL. 33131	□Remove
			🗀 Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
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an effective date is <u>ote:</u> If the date	other than the date of fi listed, the date must be specific nserted in this block does n we date on the Department	and cannot be prior to the application of the second cannot be supplied to the second cannot be second canno			
record specifies Lis filed.	delayed effective date, but	not an effective tir	ne, at 12:01 a.m. on t	he earlier of: (b) Th	e 90th day after the
ated APRIL 15	2022	12:01			
	11.7	~~ , (,)			
	Signature (of a member or autho	rized representative of	ı meniber	

Filing Fee: \$25.00